

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

RECEIVED

Date Received
MAR 21 2012
TRINITY COUNTY
CLERK & RECORDER

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CHAPMAN DEBRA

1. Office, Agency, or Court

Agency Name

TRINITY COUNTY BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable

DISTRICT 4

Your Position

SUPERVISOR

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ Multi-County SEE ATTACHED LIST

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed the herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2-7-12
(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
CHAPMAN, DEBRA

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
413 W 2nd St.

CITY
Aptos CA 96101

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ____/____/11
 ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
 Yrs. remaining ____ Other ____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499
☒ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ____/____/11
 ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
 Yrs. remaining ____ Other ____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499
☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000
☐ Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name CHAPMAN, DEBRA

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>First 5 Trinity</u>	NAME OF SOURCE OF INCOME <u>Frank Chapman Jr.</u>
ADDRESS (Business Address Acceptable) <u>Box 1362 Weaverville CA</u>	ADDRESS (Business Address Acceptable) <u>CalTrans</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Consultant/Contract. 96093</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Executive Director</u>	YOUR BUSINESS POSITION <u>Equip. Operator</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input checked="" type="checkbox"/> Other <u>Contract - 1099</u> (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
---	--

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

CHAPMAN, DEBRA

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

CSAC

ADDRESS (Business Address Acceptable)

1100 K St. Sac CA 95814

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

meeting.

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 119.

(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

mileage Reimbursement.
CSAC Meeting.

► NAME OF SOURCE

CAPCOA

ADDRESS (Business Address Acceptable)

1107 9th St. Suite 200

CITY AND STATE

Sac CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Reception - food

DATE(S): 2/23/11 - ____/____/____ AMT: \$ 42.60

(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Reception - food -

► NAME OF SOURCE

BCRC

ADDRESS (Business Address Acceptable)

1215 K St.

CITY AND STATE

Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Annual Mtg.

DATE(S): 6/14/12 - 6/16/12 AMT: \$ 773.72

(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Annual Mtg. - Hotel, mileage & meals

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$

(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____

2011 DELEGATE EXPENSE

County: **Trinity**
 Delegate: **D. Chapman**

<u>Meals provided at meetings:</u>	<u>Amount</u>	
Prior year expenses pd in 2011	none	
Officer Lunch: 1/18/11	13.87	
RCRC Board Meeting: 1/19/11	24.64	
RCRC Board Officer Meeting: 1/21/11	8.49	
RCRC Board Officer Meeting: 1/26/11	19.61	
Executive Committee Meeting: 2/16/11	19.00	
RCRC Board Meeting: 3/23/11	21.39	
ESJPA Board Meeting: 3/24/11	14.83	
Executive Committee Meeting: 4/27/11	20.69	
RCRC Board Meeting: 5/25/11	19.82	
ESJPA Board Meeting: 5/26/11	13.41	13.41
RCRC Board Meeting Meals (Napa): 6/16/11	154.03	154.03
USFS Roundtable: 6/22/11	4.96	
Executive Committee Meeting: 8/3/11	27.17	
RCRC Board Meeting: 8/24/11	18.67	
ESJPA Board Meeting: 8/25/11	12.09	
RCRC Board Meeting (Annual Conference): 9/23/11	27.10	
ESJPA Board Meeting: 10/20/11	17.45	
RCRC Board Meeting: 12/7/11	30.62	
ESJPA Board Meeting: 12/8/11	21.29	

Expense Reimbursements: To Delegate: 251.62
 To County for Delegate:

Expenses paid by RCRC on behalf of Supervisor:

Meetings with Staff:	
Officer Installation: 1/19/11	
Meeting Washington DC: 4/00/11	
CSAC Registration:	
RCRC Board Meeting (Napa) Lodging: 6/14-15/11	226.86
Napa Tour: 6/15/11	53.76
Napa Dinner: 6/15/11	74.04
NACO WIR Registration: 7/00/11	
NACO Meals with Staff: 7/00/11	
Executive Committee Offsite Meeting: 11/16/11	
Executive Committee Dinner: 11/16/11	
Phone Cards/Communication Eqpt.:	
Gifts - \$420 limit:	
Awards - \$250 limit:	
Total Expenses:	773.72

**Please record on your
 SCHEDULE - E**

FORM 700 Statement of Economic Interests for Calendar Year 2010

List of Agencies and Member Counties

Trinity County

Supervisor Debra Chapman

Agency

Position

CRHMFA Homebuyers Fund

Alternate Delegate

California Rural Home Mortgage Finance Corp

Alternate Delegate

Environmental Services Joint Powers Authority

Alternate Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolumne County
	Yuba County

Supervisor Debra Chapman
Board Memberships

Trinity County Commission on Aging: Board Member

Community Action Partnership: Colusa, Glenn and Trinity Board of Directors

RCRC: Alternate Member

Fire Safe Council: Member

Disaster Planning Council: Member